FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # POZOCOZEZZE (8)

FILED

98 JUN -5 PM 1:20

DOMIN	ION SOFTWARE, INC.	, 01101000	3)	SECRETARY UP STATE TALLAHASSEE, FLORIDA
Principal Plac	e of Business	Mailing Address		- I NOSINGU NG LAIK NGUN GUNN GUNN GUNN NGUN NGUN BUNN NGUN BUNN NGUN BUNN NGUN BUNN NGUN BUNN NGUN BUNN NGUN B
8343 LAKE D		8343 LAKE DRIVE.	(102	
MIAMI FL 331		MIAMI FL 33166	ATU2	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address		09/05/1997 4. FEI Number Applied Fo
21		26		65-079/450 Not Applic
Suite, Apt.	#, etc.	Suile, Apt. #, etc		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zιρ	Country	Zip	Country 30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curr	[29] rent Registered Agent		10. Name and Address of New Registered Agent
EE	LDMAN, BRIAN		81 Name	
	BO NE 205 TERRACE			Smester, Raymond
	AMI FL 33179		82 Street Ad	diess (P.O. Box Number is Not Acceptage)
4 1910	THIS TE GOTTS		83	02/2-44-6 21-4
			-	A Colored
			84 City	1//1/a M1/ FL 85 Zip Code 6
SIGNATURE	Signature, typical or protest name of responses. OF LICERS 7	age of area felt of applicable AND DIRL CTORS	(NOTE Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	C and Smester Phonage Add
NAME	SMESTER, RAYMOND		1.2 NAME	Symond Smester. 343 cake Dr. Kioz
STREET ADDRESS	8343 LAKE DRIVE, K102		1.3 STAFET ADDRESS 8	34366
CITY-ST-ZIP	MIAMI FL 33166	DELETE	1.4 C(1Y-ST-Z(P)	112m1/6, 33166
TITLE			27 NAME Z	Paymond Reed
NAME STREET ADDRESS			2.3 STREET ADDRESS &	242 Lako br Kloz
CITY-ST-ZIP			2.4 City - St - ZiP	Paymond Reld 343 Lake or KIOZ MI ami FC 33166
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Add
NAME			3.2 NAME	2000025576129
STREET ADDRESS			3.3 STREET ADDRESS	2000025 5761 23 -06/12/9801003004
CITY-ST-ZIP			3.4. CITY-ST-ZIP	****\$50,00 <u>**</u> ***550,00
TITLE		DELETE		Change Add
NAME			4 2 NAME	
STREET #70RESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-7IP	
TITLE	-	DELETE	5.1 THLE	Change Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - S1 - ZIP	
TITLE		DELETE	1	Change Add
NAME			62 NAME	$a \cap$
STREET ADDRESS			6.3 STREET AUDRESS	(41)

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report or supplier (eith) annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the influence of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or corporation with an address

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